ENFIELD RECREATION DIVISION REGISTRATION FORM

19 North Main Street, Enfield CT 06082
Phone: 253-6420 Fax: 253-5147
WWW.ENFIELD-CT.GOV

PRIMARY HOUSEHOLD CONTACT INFORMATION

Parent/Legal Guardian Name:____

Street Address:____ Apt./Box #_____ City:____________________

State:______ Zip:__________ Home Phone:(____)__________________ Work Phone:(____)____________________

Emergency Contact:____________________________ Relationship:________________ Phone:______________

Email Address:____

* If there are any medical concerns or special needs that we should be aware of please list here:________________

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**HIPAA Compliance Program: If you have a health concern noted on your registration form, you will be sent the Notice of Privacy Practices. For complete information concerning the HIPAA Compliance Program visit our website at www.enfield-ct.gov or call the Recreation Office for more information.*

PROGRAM INFORMATION

Please note: You cannot use this form to register for the Tons-o-Fun day camp.

* One registration form can be used for more than one person in this household*

Last Name, First Name	M/F	DOB	Program Activity Number	Program Name	Alternate Activity Number	Fee

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participant in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

Photo Release: The Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Recreation use only and may be used if future catalogs, websites, brochures, pamphlets and/or flyers.

I have read this document and understand and agree to its terms and conditions.

____ ________________
PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE DATE

DID YOU INCLUDE THE FOLLOWING?
Separate Checks_____ Proof of Residency_____ Self-Addressed Stamped Envelope____ Complete Form____